

Name in Full		Mrs Ida M. Berry				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near La Plata		County		MARYLAND	
	Date of death	1903	Month	Oct	Day	19th	Age
	Sex	Female		Color or Race	White		Birth-place
	Married, Single or Widowed	Married		Occupation	Housewife		
	Name of Wife or Husband	Somerset D Berry					
	Father's Name	Wm H. Berry				Father's Birthplace	Ches. Co. Md
	Mother's Maiden Name	Susan Milbroad				Mother's Birthplace	Ches Co Md
Name of person giving information	S. D. Berry				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Carcinoma of Stomach (Cardiac Orifice)				How long	about 1 year
	Immediate	Lack of nourishment				How long	about 4 to 6 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Thos S. Given M.D.	
					Address	La Plata, Md.	
Accident or Suicide? <input type="checkbox"/>							

Robertson  
L.A. Plaza

Name in Full

Easiy Ann Briscoe

Town

County

MARYLAND

Died at

Hagerstown Charles

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1913 Oct - 20

Age

77

Md

☒ Male☒ White☒ Married☐ Widow☒ Divorced☐ Female☐ Colored☐ Single☐ Widower

Number of children living

None

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's  
Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Edna Brown

Town

County

Died at *Perry* *Charles*

MARYLAND

Date	1903	Month	Day	Age	Y.	M.	D.	Native of	Occupation
		Oct.	17	1-1				Inde-	None
Male		White		Married				Widow	Divorced
Female		Colored		<del>Single</del>				<del>Widower</del>	Number of children living

Husband of

Wife *Not Married*

Father's

Mother's

Name *Joseph Brown* Maiden Name *Helen Johnson*

Cause of

Primary

*Capillary Bronchitis*

How long sick

*6 days*

Death

Immediate

Accident, Suicide, Homicide

Reported by

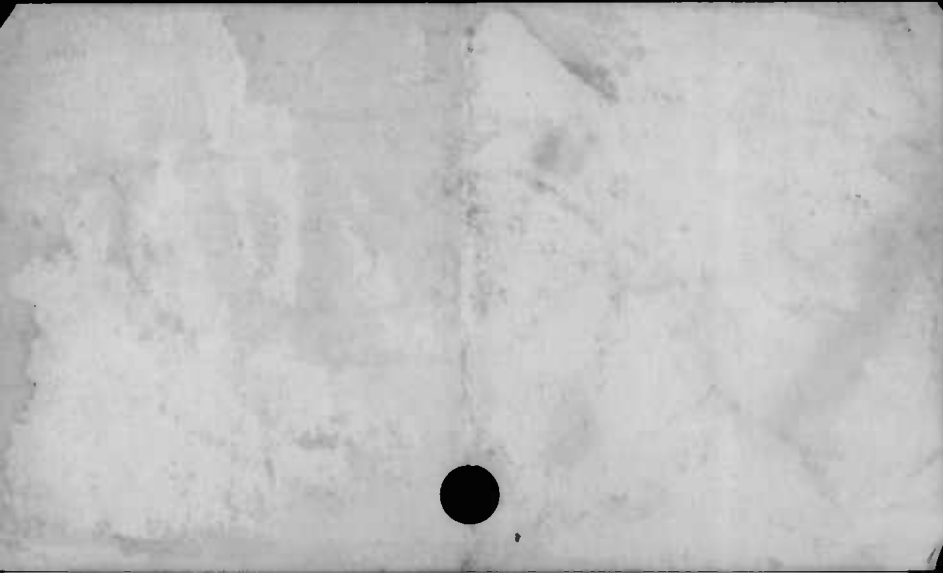
*J. W. Mitchell M.D.*

Address

*Perry* *Inde*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full

Certificate of Death

Hattie Butler

Town

County

Died at near Pompey Charles

MARYLAND

Date 1903 Oct 23 Age 26 Native of - Ind - Occupation Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife of Henry Butler

Fether's Name Wm Scott

Mother's

Maiden Name

Sarah Hanson

Cause of

Primery

Acute Gastro-Enteritis

How long sick

3-4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. Mitchell M.D.

Address

Pompey Ind -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name  
in  
Full

Rebecca Butler

## CERTIFICATE OF DEATH

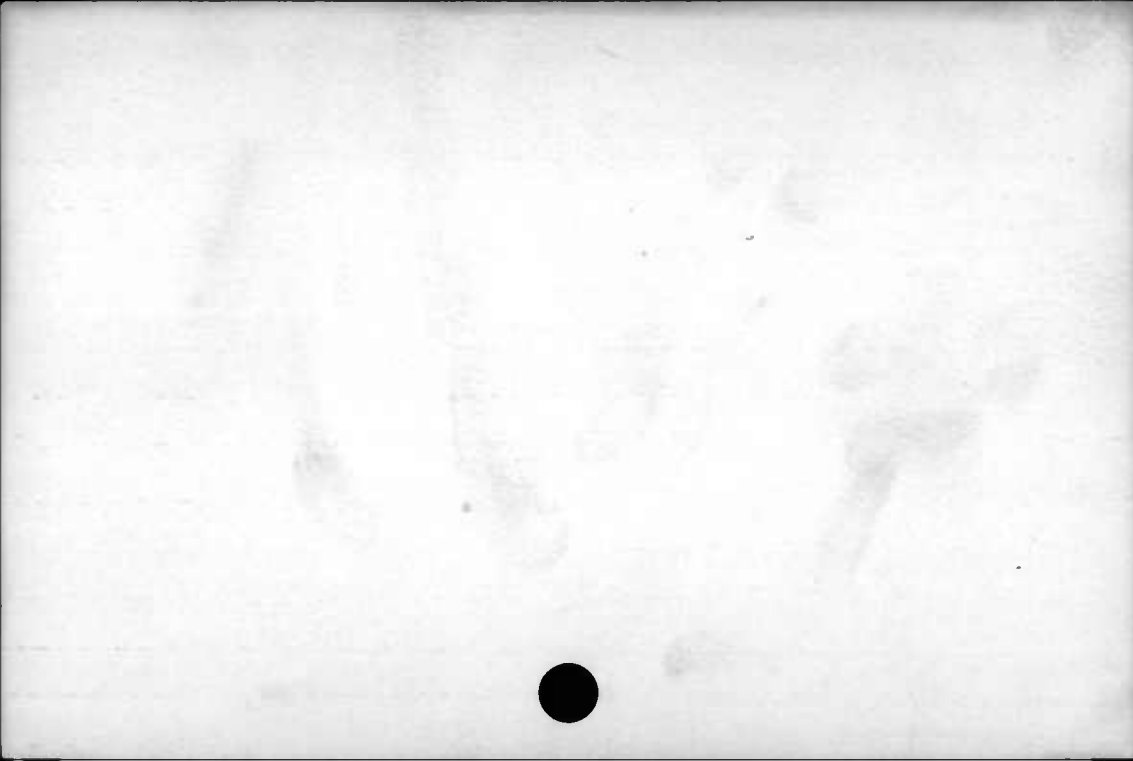
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bel Alton</u> <sup>Town</sup>		<u>Charles Co</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>Oct</u> <sup>Month</sup>	<u>7</u> <sup>Day</sup>	Age <u>65</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Female</u>	<u>      </u> <sup>Color</sup>	<u>African</u> <sup>Race</sup>	Birthplace <u>Bel Alton</u>		
Married, Single or Widowed <u>Widow</u>		Occupation <u>Midwife</u>			
Name of <del>Wife</del> Husband <u>Thomas Butler</u>					
Father's Name <u>Not Known</u>			Father's Birthplace <u>      </u>		
Mother's Maiden Name <u>Matilda Murray</u>			Mother's Birthplace <u>Bel Alton</u>		
Name of person giving Information <u>Spencer</u>			How related to deceased <u>Niece</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Alcoholism</u>	How long <u>10 years</u>
Immediate <u>Gastritis + Chronic Duodenal</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Spencer</u>
	Address <u>Bel Alton</u> <u>Ches OMB</u>
<u>Accident or Suicide?</u>	



Name  
in  
Full

Tom C. Butler.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3 Oct.		4	17	3		10	
Sex		<del>White</del> Colored		Birth-place		Maryland	
Married, Single or Widowed		Single		Occupation		Farming	
Name of Wife or Husband							
Father's Name		Wm. H. Butler		Father's Birthplace		Md.	
Mother's Maiden Name		Mary C. Butler		Mother's Birthplace		Md.	
Name of person giving information		Chas. Butler Jr.		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Accidently shot himself.		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician
Accident <u>Child?</u>		Accident.	Address Wm. R. Clark, Newburg, Chas. Co. Md.



Wm Fox

Town

County

MARYLAND

Died at

Pomunkey

Charles

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Oct. 26

Age

8

ma

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Harry Fox

Mother's

Maiden Name

Anna King

Cause of

Primary

Gastritis

How long sick

3 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

J. W. Mitchell M.D.

Address

Pomunkey Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Harriett A Hackerson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Pisgah</i>		Town		County		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>3</i>	Age	Years	Months	Days	<i>13</i>
Sex <i>Female</i>	Color or Race <i>collord</i>		Birth-place <i>Ind.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>				
Name of Wife or Husband <i>none</i>							
Father's Name <i>John E Hackerson</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Carrie Saranna Ross</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>John E Hackerson</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Spasms</i>	How long <i>Lifetime</i>
Immediate <i>convulsion</i>	How long <i>Lifetime</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>C. D. Carpenter, Sub Regstr</i>
<i>No Physician in attend</i>	Address <i>Pisgah Ind.</i>
Accident or Suicide?	





Name  
in  
Full

William Joseph Hawkins

CERTIFICATE OF DEATH

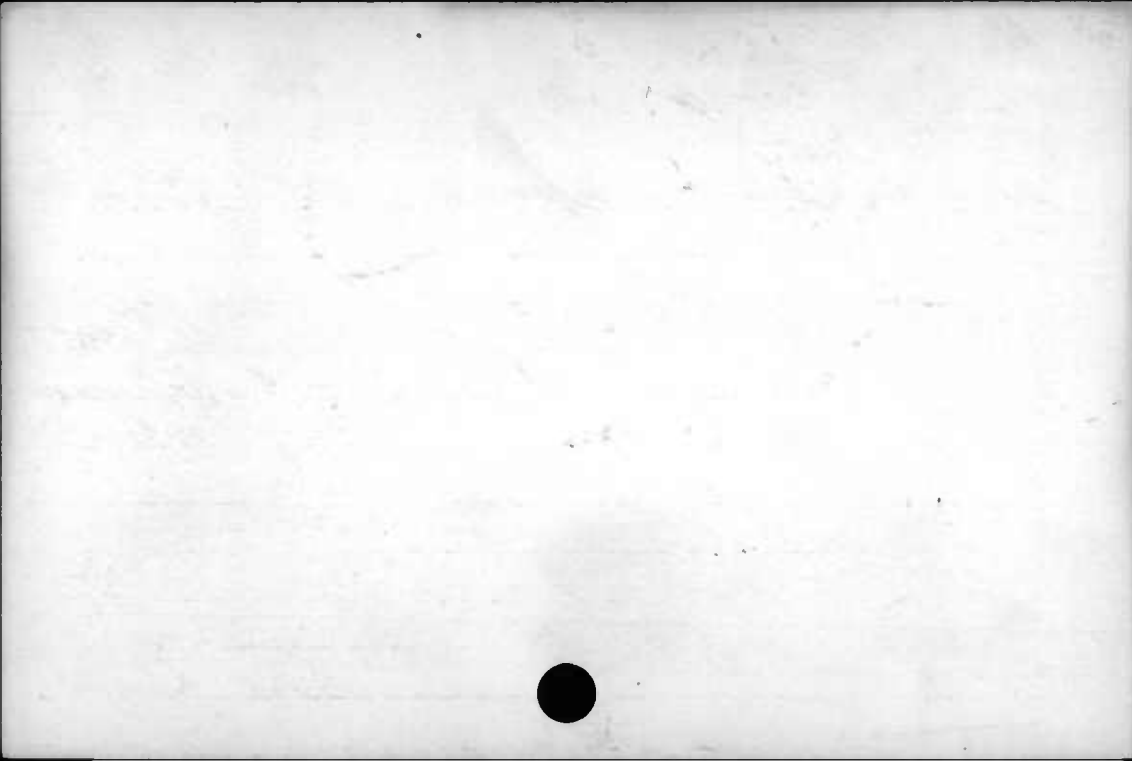
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Alton</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>3</i>	Age	Years	Months
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Bel Alton</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Robert Hawkins</i>			Father's Birthplace <i>Talbot</i>		
Mother's Maiden Name <i>Hattie Sreedon</i>			Mother's Birthplace <i>Bel Alton</i>		
Name of person giving information <i>Bessie Sreedon</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enteritis</i>	How long <i>2 days</i>
Immediate <i>Emaciation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Sreedon</i>
	Address <i>Bel Alton</i>
Accident or Suicide?	



Name in Full

Certificate of Death

*Sarah C Higdon*  
 Town County

Died at *Near Port Tobacco* *Charles* MARYLAND  
 Month Day Y. M. D. Native of Occupation

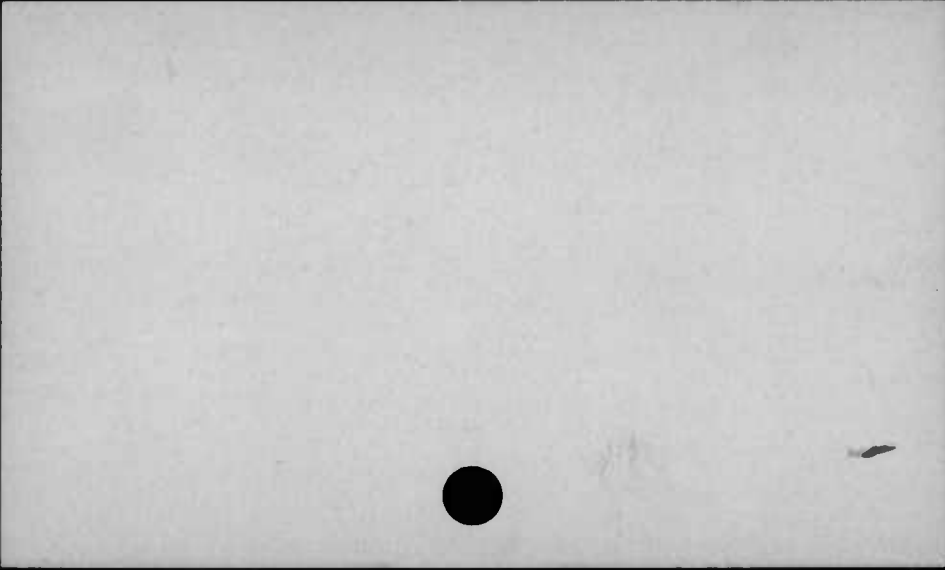
Date 1903 *Oct 7<sup>th</sup>* Age *53*  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ Widower Number of children living *none*

~~Husband~~ of *Benedict L Higdon*  
 Wife  
 Father's Name *R. A. Miles* Maiden Name *Mary E Hamilton*  
 Mother's

Cause of Death { Primary *Asthma* How long sick *11 to 15 months*  
 Immediate *Valvular Disease of Heart* Accident, Suicide, Homicide

Reported by *Thos. S. Owen* *m d*  
 Address *La Plata* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Francis Theodore Penny

## CERTIFICATE OF DEATH

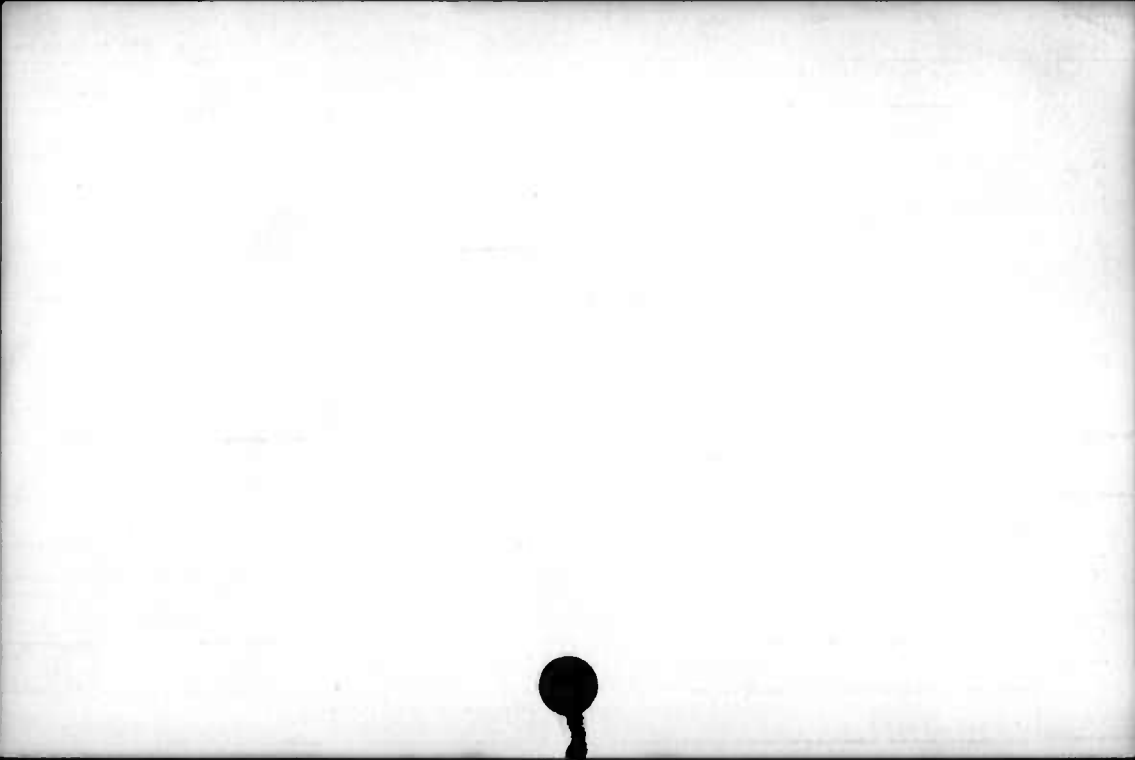
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indian Head</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death	<i>1903</i>	Month	<i>27</i>	Day	<i>10</i>
Age		<i>36</i>		Years	
Sex	<i>Male</i>		Color or Race	<i>C</i>	
Occupation	<i>Labourer</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death			<i>Indian Head</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>Lizzie Penny</i>	
Father's Name	<i>Wm. C. Penny</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Mary Gray</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving Information	<i>John A Penny</i>		How related to deceased	<i>Brother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Explosion of Gun</i>		How long
Immediate	<i>Fracture of Skull.</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Sam L. Harmon M.D.</i>	
		Address	
		<i>Mason Spring Ind</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ocean Point</i> Town		<i>Ches</i> County		MARYLAND
	Date of death 190 <i>8</i>	Month <i>10</i>	Day <i>20</i>	Years <i>24</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ches<sup>d</sup> Ind</i>	
	Married, <del>Single</del> <i>M</i> or Widowed		Occupation <i>House wife</i>		
	Name of Wife or Husband <i>Peter Lomax</i>				
	Father's Name <i>—</i>			Father's Birthplace <i>Ches<sup>d</sup> Ind</i>	
	Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>	
Name of person giving information <i>Caroline Cooper</i>			How related to deceased <i>Wid wife</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pre mature Birth</i>			How long <i>2 days</i>	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Thurs SP</i>			Signature of Physician <i>None attending</i>	
	Address				
Accident or Suicide?					

W. F. Lawrence



Name In Full

Certificate of Death

Mary Julia Proctor

Town

County

Died at

Pomfret

Chesee

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 24

Age 29 -

ind - Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living 3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

Inflammation middle ear

Meningitis

How long sick

Accident, Suicide, Homicide

Reported by

Address

J. E. W. Mitchell M.D.  
Pomfret Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Valrie Ward

Died at *Newport* Town *Charles* County *MARYLAND*

Date 19*07* Month *Oct* Day *11* Y. *4* M. *7* D. *5* Native of *Ind* Occupation *—*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

*Arthur Ward*

Mother's

Maiden Name

*Hester Gibbons*

Cause of

Primery

*Croup & Capillary Pneumonia*

How long sick

*36 hours*

Death

Immediate

*Cardiac Comp.*

Accident, Suicide, Homicide

Reported by

*C. L. Cecil*

&amp;

*E. Spencer MD*

Address

*Newport Ind**Bell. Alton Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Cornelius Woodland

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 27

Age

63

Chas Co

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Rheumatism

How long sick

Death

Immediate

Valvular Heart trouble

~~Accident, Suicide, Homicide~~

Reported by

Jno. T. Diggins MD

Address

Port Tobacco Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79884

